



PROPERTY OWNER:				
MAILING ADDRESS:				
CITY, STATE, ZIP				
PHONE NUMBER EMAIL:		L:		
LIST EACH APARTMEN		T	T	
NUMBER OF BLDGS.	ADDRESS	NUMBER OF UNITS	MANAGERS UNIT	
1. NUMBER OF BUILDI	NGS x \$85.86			
2. NUMBER OF UNITS	x \$34.98			
3. SUBTOTAL (1+2)				
4. LATE FEES/PENALT	,	,		
5. SB 1186 MANDATED FEE		<u>\$4.00</u>	<u>\$4.00 per parcel</u>	
6. TOTAL DUE $(3 + 4 + 5)$				
* On January 1, 2018, the Stat to four-dollars (\$4) for the CAS to facilitate compliance with constitution of certified access specified access specified and state law, responsibility that applies to a public. You may obtain informatel laws from the following agencies. The California Commission on In Department of Rehabilitation at LATE FEES 10% FOR THAN 90 DAYS.	Sp Certification and Transtruction requirement ecialists within the jurical compliance with disability California building ation about your legal of the State Disability Access at www.www.rehab.cahwnet.gov	aining Fund. This is a Stants for disability access are sdiction. Ability access laws is a source and tenants with oligations and how to compute Architect at www.dgs.caw.ccda.ca.gov or (916)319-9 or (916)324-1313.	te mandated fund used and for the training and erious and significant buildings open to the ly with disability access a.gov or (510)622-3101, 9974 and The California	
***I HEREBY STATE THA TRUE AND CORRECT	T THE ABOVE STAT	ΓΕΜΈΝΤ ΟΝ THIS APF	PLICATION IS	
SIGNATURE		DATE		

Rev. 5/01/18